

STANDARD 10

Class List Report

Agency: ALL
 Institution: CENTRAL AREA TECHNOLOGY CENTER
 Program: AUTOMOTIVE TECHNOLOGY
 Program Definition: ALL
 Student Objective: ALL
 Education Level: 12TH GRADE
 Group By:

Program Area: ALL
 Effective Year: Prior School Year
 Program Level: ALL
 Section: ALL
 Termination Status: ALL
 Duplicate: Non-Duplicates

Student Name	Enrollment
Student, Number 1	12TH Grade
Student, Number 2	12TH Grade
Student, Number 3	12TH Grade
Student, Number 4	12TH Grade
Student, Number 5	12TH Grade
Student, Number 6	12TH Grade
Student, Number 7	12TH Grade
Student, Number 8	12TH Grade
Student, Number 9	12TH Grade
Student, Number 10	12TH Grade
Student, Number 11	12TH Grade
Student, Number 12	12TH Grade
Student, Number 13	12TH Grade
Student, Number 14	12TH Grade
Student, Number 15	12TH Grade
Student, Number 16	12TH Grade
Student, Number 17	12TH Grade
Student, Number 18	12TH Grade
Student, Number 19	12TH Grade
Student, Number 20	12TH Grade
Student, Number 21	12TH Grade
Student, Number 22	12TH Grade
Student, Number 23	12TH Grade
Student, Number 24	12TH Grade
Student, Number 25	12TH Grade
Student, Number 26	12TH Grade
Student, Number 27	12TH Grade
Student, Number 28	12TH Grade
Student, Number 29	12TH Grade
Student, Number 30	12TH Grade
Student, Number 31	12TH Grade
Student, Number 32	12TH Grade
Student, Number 33	12TH Grade
Student, Number 34	12TH Grade
Student, Number 35	12TH Grade

Total Enrolled: 35

This section is not part of the report and will not print but may be used for calculations.

Number of preparatory, unduplicated seniors for prior school year: 35

Number of students (Grades 9-12) who have participated in a WBL experience during the prior school year: 9

Percentage of above students in WBL: 26%



☒ Coop

☐ Internship

☐ Mentoring

☐ Shadowing

Date: 8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 1	MI:	
SID Number:	1234567	Date of Birth:	11-15-		
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-564-0987		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-223-7640		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Teacher		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Timothy's Garage		Phone:	502-227-2009	
Address:	345 Wilkinson Avenue		E-Mail:	timgarage@mis.net	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Thomas Carpenter	Hours Per Week:	15		
Title:	Owner	Start and End Dates:	8/5- - 5/15/		
Work Schedule (Days & Hours):	M-F, 2-5 pm	Hourly Wage: (if applicable)	\$7.00		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Check supplies

2:Serve as helper to service manager

3:Complete brake repairer training

4:After training, repair brakes

5:

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 1 STUDENT**School Year:**

201_

201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Thomas Carpenter</i>	8/4/1_	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	8/2/1_	Teacher	<i>William Bonnett</i>	8/2/1_
Student:	<i>Number 1 Student</i>	8/2/1_	Parent/Guardian:	<i>Number 1 Student Parent</i>	8/3/1_

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☒ Coop

☐ Internship

☐ Mentoring

☐ Shadowing

Student Name:	Number 1 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Timothy's Garage	Contact Person:	Thomas Carpenter
WBL Starting Date:	8/5/1	WBL Ending Date	5/15/1

1. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
2. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
3. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
8/1/1	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/29/1	William Bennett	Student is making progress. Employer and student are in agreement with progress.
10/01/1	William Bennett	Student needs better attendance.
12/15/1	William Bennett	Student's attendance has improved.
02/05/1	William Bennett	Student is making a great team player.
05/15/1	William Bennett	Student has been offered a summer job.

Work-Based Learning Employer Evaluation Report

☒ Coop ☐ Internship ☐ Mentoring ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 1 Student	WBL Start Date:	8/5/11
Company Name:	Timothy's Garage	WBL End Date:	5/15/11
Contact Person:	Thomas Carpenter	Telephone:	502-227-2009

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Student Number 1 is doing a great for his first week of work.
Missed one day of work

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	8/5	8/6	8/7	8/8	8/9	8/12/	8/13/	8/14	8/15	8/16	-----
Hours Worked	3	3	3	3	3	0	3	3	3	3	27

Earnings (If Applicable)

Total Hours:	27	Hourly wage:	7.00	=	Total Gross Earnings:	\$189
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Signature of Supervisor:

Thomas Carpenter

Date: 8/16/11

Work-Based Learning

Employer Evaluation Report

☒ Coop☐ Internship☐ Mentoring☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Student Number 1	WBL Start Date:	8/5//
Company Name:	Timothy's Garage	WBL End Date:	5/15//
Contact Person:	Thomas Carpenter	Telephone:	502-227-2009

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor

2 – Needs Improvement

3 – Average

4 – Good

5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Student Number 1 is doing a great job.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	8/19	8/20	8/21	8/22	8/23	8/26/	8/27/	8/28	8/29	8/30	-----
Hours Worked	3	3	3	3	3	3	3	3	3	3	30

Earnings (If Applicable)

Total Hours:	30	Hourly wage:	7.00	=	Total Gross Earnings:	\$210
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Signature of Supervisor:

Thomas CarpenterDate: 8/31//



☒ Coop

☐ Internship

☐ Mentoring

☐ Shadowing

Date: 12-15-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 2	MI:	
SID Number:	1234568	Date of Birth:	01/01-		
Address:	600 Mero Street		City:	Frankfort	
Phone Number:	502-564-0993		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-223-7640		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Technician		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Auto Repair of Kentucky		Phone:	502-229-2900	
Address:	200 Main Street		E-Mail:	Billstearn@ark.net	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Bill Stearn	Hours Per Week:	15		
Title:	Service Manager	Start and End Dates:	1/5- - 5/15/		
Work Schedule (Days & Hours):	M-F, 1-4 pm	Hourly Wage: (if applicable)	\$7.50		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1: Check supplies

2: Serve as helper to service manager

3: Complete 20-point warranty training

4: After training, assign problems found to appropriate technicians

5:

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 2 STUDENT**School Year:**

201_ - 201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Bill Stearn</i>	12/18/1_	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	12/16/1_	Teacher	<i>William Bennett</i>	12/16/1_
Student:	<i>Number 2 Student</i>	12/16/1_	Parent/Guardian:	<i>Number 2 Student Parent</i>	12/17/1_

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☒ Coop☐ Internship☐ Mentoring☐ Shadowing

Student Name:	<u>Number 2 Student</u>	Grade Level	<u>12</u>
School:	<u>Central ATC</u>	Program:	<u>Auto Technology</u>
Company Name:	<u>Auto Repair of Kentucky</u>	Contact Person:	<u>Bill Stearn</u>
WBL Starting Date:	<u>1/5/0</u>	WBL Ending Date	<u>5/15/1</u>

4. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
5. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
6. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/05/1	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
1/15/1	William Bennett	Student is making progress. Employer and student are in agreement with progress.
1/19/1	William Bennett	Student needs better attendance. Talked to student and employer about student's attendance
1/30/1	William Bennett	Student's attendance has improved.

Work-Based Learning Employer Evaluation Report

☒ Coop☐ Internship☐ Mentoring☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 2 Student	WBL Start Date:	1/5/11
Company Name:	Auto Repair of Kentucky	WBL End Date:	5/15/11
Contact Person:	Bill Stearn	Telephone:	502-229-2900

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor

2 – Needs Improvement

3 – Average

4 – Good

5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Number 2 Student is doing a great for his first week of work; however he has missed three days of work.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	1/5	1/6	1/7	1/8	1/9	1/12/	1/13/	1/14	1/15	1/16	-----
Hours Worked	3	3	3	3	0	0	3	3	3	0	21

Earnings (If Applicable)

Total Hours:	21	Hourly wage:	7.50	=	Total Gross Earnings:	\$157.50
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Signature of Supervisor:

Bill StearnDate: 1/16/11

Work-Based Learning Employer Evaluation Report

☒ Coop
 ☐ Internship
 ☐ Mentoring
 ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 2 Student	WBL Start Date:	1/5/1
Company Name:	Auto Repair of Kentucky	WBL End Date:	5/15/1
Contact Person:	Bill Stearn	Telephone:	502-229-2900

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	<u>2</u>	3	4	5	Cooperation	1	2	3	<u>4</u>	5
Appearance	1	2	3	<u>4</u>	5	Adaptability/Flexibility	1	2	3	<u>4</u>	5
Attitude	1	2	3	<u>4</u>	5	Relations with Co-Workers	1	2	3	<u>4</u>	5
Dependability	1	2	3	<u>4</u>	5	Time Management	1	2	3	<u>4</u>	5
Initiative	1	2	3	<u>4</u>	5	Quality of Work	1	2	3	<u>4</u>	5
Following Directions	1	2	3	<u>4</u>	5	Quantity of Work	1	2	3	<u>4</u>	5

Remarks: Student Number 2 is doing a great job.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	1/19	1/20	1/21	1/22	1/23	1/26/	1/27/	1/28	1/29	1/30	-----
Hours Worked	3	3	3	3	3	3	3	3	3	3	30

Earnings (If Applicable)

Total Hours:	30	Hourly wage:	7.50	=	Total Gross Earnings:	\$225
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Signature of Supervisor:

Bill Stearn

Date: 1/30/1



☐ Coop

☒ Internship

☐ Mentoring

☐ Shadowing

Date: 8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 3	MI:	
SID Number:	1234569	Date of Birth:	2-01-		
Address:	300 Maxwell Street		City:	Frankfort	
Phone Number:	502-564-0187		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-223-7640		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Plant Manager		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Auto Manufacturers of Frankfort		Phone:	502-227-2089	
Address:	45 Industrial Park		E-Mail:	automanu@mis.net	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	David Bolton	Hours Per Week:	10		
Title:	Department Supervisor	Start and End Dates:	8/6- - 10/5/		
Work Schedule (Days & Hours):	M-F, 2-4 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1: Serve as assistant to department supervisor

2: Assist other managers

3: Observe the operations in the different departments

4: Assist as needed

5:

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan

Page 2 of 2

Student: NUMBER 3 STUDENT**School Year:**

201_ 201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>David Boston</i>	8/4/11	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	8/2/11	Teacher	<i>William Bennett</i>	8/2/11
Student:	<i>Number 3 Student</i>	8/2/11	Parent/Guardian:	<i>Number 3 Student Parent</i>	8/3/11

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Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop x Internship ☐ Mentoring ☐ Shadowing

Student Name:	Number 3 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Auto Manufacturers of Frankfort	Contact Person:	David Bolton
WBL Starting Date:	8/6/11	WBL Ending Date	10/5/11

7. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
8. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
9. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
8/1/11	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/29/11	William Bennett	Student is very helpful and interested in the auto industry

Work-Based Learning Employer Evaluation Report

☐ Coop ☒ Internship ☐ Mentoring ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 3 Student	WBL Start Date:	8/6/1
Company Name:	Auto Manufacturers of Frankfort	WBL End Date:	10/5/1
Contact Person:	David Bolton	Telephone:	502-221-2089

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor					2 – Needs Improvement					3 – Average					4 – Good					5 - Excellent				
Trait					Rating					Trait					Rating									
Attendance/Punctuality					1	2	3	4	<u>5</u>	Cooperation					1	2	3	4	<u>5</u>					
Appearance					1	2	3	4	<u>5</u>	Adaptability/Flexibility					1	2	3	4	<u>5</u>					
Attitude					1	2	3	4	<u>5</u>	Relations with Co-Workers					1	2	3	4	<u>5</u>					
Dependability					1	2	3	4	<u>5</u>	Time Management					1	2	3	4	<u>5</u>					
Initiative					1	2	3	4	<u>5</u>	Quality of Work					1	2	3	4	<u>5</u>					
Following Directions					1	2	3	4	<u>5</u>	Quantity of Work					1	2	3	4	<u>5</u>					
Remarks:					Student Number 3 is a great student, has initiative and a team player.																			

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	8/6	8/6	8/8	8/9	8/10	8/13/	8/14/	8/15	8/16	8/17	-----
Hours Worked	2	2	2	2	2	2	2	2	2	2	20

Earnings (If Applicable)

Total Hours:		Hourly wage:		=	Total Gross Earnings:	
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Signature of Supervisor:

David Bolton

Date: 8/17/1



Education
Office of Career and

Standard 10 WBL Example – Internship

☐ Coop

☒ Internship

☐ Mentoring

☐ Shadowing

Date: 10-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 4	MI:	
SID Number:	1234570	Date of Birth:	04/01-		
Address:	600 Miller Street		City:	Frankfort	
Phone Number:	502-223-0993		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-223-7640		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Technician		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Auto Manufacturers of Frankfort		Phone:	502-227-2089	
Address:	45 Industrial Park		E-Mail:	automanu@mis.net	
City:	Frankfort	State:	KY	Frankfort	State:
Contact:	David Bolton		Hours Per Week:	10	
Title:	Department Supervisor		Start and End Dates:	10/8- - 12/7/	
Work Schedule (Days & Hours):	M-F, 2-4 pm		Hourly Wage: (if applicable)	NA	

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Check supplies

2:Serve as helper to service manager

3:Complete 20-point warranty training

4:After training, assign problems found to appropriate technicians

5:

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 4 STUDENT**School Year:** 201_ 201_**THE STUDENT AGREES TO:**

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>David Boston</i>	12/18/11	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	12/16/11	Teacher	<i>William Bennett</i>	12/16/11
Student:	<i>Number 4 Student</i>	12/16/11	Parent/Guardian:	<i>Number 4 Student Parent</i>	12/17/11

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop ☒ Internship ☐ Mentoring ☐ Shadowing

Student Name:	Number 4 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Auto Manufacturers of Frankfort	Contact Person:	David Bolton
WBL Starting Date:	10/8/11	WBL Ending Date	12/7/11

10. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.

11. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:

- | | |
|----------------------------------|----------------------------|
| • Coop, Internship and Mentoring | 1 time per 9 weeks |
| • Shadowing | No additional requirements |

12. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/05/11	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
10/15/11	William Bennett	Student is making progress. Employer and student are in agreement with progress.
11/15/11	William Bennett	Student has great attendance and attitude.

Employer Evaluation Report

☐ Coop☒ Internship☐ Mentoring☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 4 Student	WBL Start Date:	10/8/11
Company Name:	Auto Manufacturers of Frankfort	WBL End Date:	12/7/11
Contact Person:	David Bolton	Telephone:	502-227-2089

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor

2 – Needs Improvement

3 – Average

4 – Good

5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks:

Great worker!

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	10/8	10/9	10/10	10/11	10/12	10/15/	10/16/	10/17	10/19	10/20	-----
Hours Worked	2	2	2	2	2	2	2	2	2	2	20

Earnings (If Applicable)

Total Hours:		Hourly wage:		=	Total Gross Earnings:	\$
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Signature of Supervisor:

David BoltonDate: 10/20/11



☐ Coop

☐ Internship

☒ Mentoring

☐ Shadowing

Date: 8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 5	MI:	
SID Number:	1234570	Date of Birth:	10-11-		
Address:	444 Shelby Street		City:	Frankfort	
Phone Number:	502-223-3764		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-564-4286		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Dealership Manager		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Holt's Auto Dealership		Phone:	502-227-2234	
Address:	564 HWY 127		E-Mail:	Holtsauto.com	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Alvin Holt	Hours Per Week:	1		
Title:	Owner	Start and End Dates:	8/6- - 8/10/		
Work Schedule (Days & Hours):	M-F, 2-3 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the different types of careers within the auto industry

2:Observe the service manager

3:Observe the buying of cars

4:Observe the owner

5:Observe the accounting department

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan

Page 2 of 2

Student: NUMBER 5 STUDENT**School Year:** 201_ - 201_**THE STUDENT AGREES TO:**

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Alvin Holt</i>	8/4/0_	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	8/2/0_	Teacher	<i>William Bonnett</i>	8/2/0_
Student:	<i>Number 5 Student</i>	8/2/0_	Parent/Guardian:	<i>Number 5 Student Parent</i>	8/3/0_

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop☐ Internship☒ Mentoring☐ Shadowing

Student Name:	<u>Number 5 Student</u>	Grade Level	<u>12</u>
School:	<u>Central ATC</u>	Program:	<u>Auto Technology</u>
Company Name:	<u>Holt's Auto Dealership</u>	Contact Person:	<u>Alvin Holt</u>
WBL Starting Date:	<u>8/6/1</u>	WBL Ending Date	<u>8/16/1</u>

1. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
2. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
3. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
8/1/1	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/10/1	William Bennett	Student appreciated the opportunity and gained knowledge about the auto industry.

Work-Based Learning (WBL) Employer Evaluation Report

☐ Coop
 ☐ Internship
 ☒ Mentoring
 ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 5 Student	WBL Start Date:	8/6/1
Company Name:	Holt's Auto Dealership	WBL End Date:	8/10/1
Contact Person:	Alvin Holt	Telephone:	502-227-2234

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor						2 – Needs Improvement						3 – Average						4 – Good						5 - Excellent					
Trait						Rating						Trait						Rating											
Attendance/Punctuality						1	2	3	<u>4</u>	5	Cooperation						1	2	3	<u>4</u>	5								
Appearance						1	2	3	<u>4</u>	5	Adaptability/Flexibility						1	2	3	<u>4</u>	5								
Attitude						1	2	3	<u>4</u>	5	Relations with Co-Workers						1	2	3	<u>4</u>	5								
Dependability						1	2	3	<u>4</u>	5	Time Management						1	2	3	<u>4</u>	5								
Initiative						1	2	3	<u>4</u>	5	Quality of Work						1	2	3	<u>4</u>	5								
Following Directions						1	2	3	<u>4</u>	5	Quantity of Work						1	2	3	<u>4</u>	5								
Remarks:						Number 5 Student was very interested in observing all aspects of the dealership.																							

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	8/6	8/7	8/8	8/9	8/10						-----
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Earnings:	\$
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Signature of Supervisor:

Alvin HoltDate: 8/10/1



Education Cabinet
Office of Career and Technical Education

Standard 10 WBL Example – Mentoring

☐ Coop

☐ Internship

☒ Mentoring

☐ Shadowing

Date: 8-1-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 6	MI:	
SID Number:	1234571	Date of Birth:	11-10-		
Address:	657 Vine Street	City:	Frankfort		
Phone Number:	502-223-3894	State:	KY	Zip:	40601

School	Central Area Technology Center				
Address:	500 Mero Street	City:	Frankfort		
Phone Number:	502-564-4286	State:	KY	Zip:	40601

Program Area:	Auto Technology	ILP Career Goal:	Dealership Manager
Teacher Name:	William Bennett		
Coordinator Name:	NA		

Company Name:	Holt's Auto Dealership	Phone:	502-227-2234		
Address:	564 HWY 127	E-Mail:	Holtsauto.com		
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Alvin Holt	Hours Per Week:	1		
Title:	Owner	Start and End Dates:	8/13- - 8/17/		
Work Schedule (Days & Hours):	M-F, 2-3 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the different types of careers within the auto industry

2:Observe the service manager

3:Observe the buying of cars

4:Observe the owner

5:Observe the accounting department

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 6 STUDENT**School Year:**

201_

201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Alvin Holt</i>	8/4/0_	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	8/2/0_	Teacher	<i>William Bennett</i>	8/2/0_
Student:	<i>Number 6 Student</i>	8/2/0_	Parent/Guardian:	<i>Number 6 Student Parent</i>	8/3/0_

The Kentucky Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop☐ Internship☒ Mentoring☐ Shadowing

Student Name: Number 6 Student Grade Level: 12
 School: Central ATC Program: Auto Technology
 Company Name: Holt's Auto Dealership Contact Person: Alvin Holt
 WBL Starting Date: 8/13/11 WBL Ending Date: 8/17/11

4. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
5. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
- Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
6. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
8/1/11	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
8/17/11	William Bennett	Student feels that the auto industry is not where he wants to be. He would rather be in management in another area.

Work-Based Learning Employer Evaluation Report

☐ Coop ☐ Internship ☒ Mentoring ☐ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 6 Student	WBL Start Date:	8/13/11
Company Name:	Holt's Auto Dealership	WBL End Date:	8/17/11
Contact Person:	Alvin Holt	Telephone:	502-227-2234

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Number 6 Student was very interested but found that the auto industry is not where he wants to be.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	8/13	8/14	8/15	8/16	8/17						-----
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Earnings:	\$
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Signature of Supervisor:

Alvin Holt

Date: 8/17/11



☐ Coop

☐ Internship

☐ Mentoring

☒ Shadowing

Date: 12-15-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 7	MI:	
SID Number:	1234580	Date of Birth:	2-11-		
Address:	978 Pear Street		City:	Frankfort	
Phone Number:	502-223-7694		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-564-4286		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Service Manager		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Turner's Auto Repair Shop		Phone:	502-227-9752	
Address:	987 Turner Avenue		E-Mail:	turnerrepair.com	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Kim Turner	Hours Per Week:	1		
Title:	Owner	Start and End Dates:	1/14- - 1/18/		
Work Schedule (Days & Hours):	M-F, 2-3 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the estimate process

2:Observe the bookkeeping duties

3:Observe dealing with customers

4:Observe the parts area

5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan

Page 2 of 2

Student: NUMBER 7 STUDENT**School Year:**

201_

201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Kim Turner</i>	12/15/11	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	12/15/11	Teacher	<i>William Bennett</i>	12/15/11
Student:	<i>Number 7 Student</i>	12/15/11	Parent/Guardian:	<i>Number 7 Student Parent</i>	12/15/11

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Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop ☐ Internship ☐ Mentoring ☒ Shadowing

Student Name:	Number 7 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Turner's Auto Repair	Contact Person:	Kim Turner
WBL Starting Date:	1/14/1	WBL Ending Date	1/18/1

1. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
2. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
3. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/10/1	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
1/18/1	William Bennett	Student appreciated the opportunity and gained knowledge about becoming a service manager.

Work-Based Learning Employer Evaluation Report

☐ Coop ☐ Internship ☐ Mentoring ☒ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 7 Student	WBL Start Date:	1/14/11
Company Name:	Turner's Auto Repair Shop	WBL End Date:	1/18/11
Contact Person:	Kim Turner	Telephone:	502-227-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5
Remarks: Number 7 Student was very interested in observing all aspects of becoming a service manager.											

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	1/14	1/15	1/16	1/17	1/18						-----
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Earnings:	\$
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Signature of Supervisor:

Kim Turner

Date: 1/18/11



☐ Coop

☐ Internship

☐ Mentoring

☒ Shadowing

Date: 1-15-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 8	MI:	
SID Number:	1234581	Date of Birth:	9-14-		
Address:	270 North Malibu Avenue	City:	Frankfort		
Phone Number:	502-223-0112	State:	KY	Zip:	40601

School	Central Area Technology Center				
Address:	500 Mero Street	City:	Frankfort		
Phone Number:	502-564-4286	State:	KY	Zip:	40601

Program Area:	Auto Technology	ILP Career Goal:	Auto Service Manager
Teacher Name:	William Bennett		
Coordinator Name:	NA		

Company Name:	Turner's Auto Repair Shop	Phone:	502-227-9752		
Address:	987 Turner Avenue	E-Mail:	turnerrepair.com		
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Kim Turner	Hours Per Week:	1		
Title:	Owner	Start and End Dates:	2/4- - 2/8/		
Work Schedule (Days & Hours):	M-F, 2-3 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the estimate process

2:Observe the bookkeeping duties

3:Observe dealing with customers

4:Observe the parts area

5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 8 STUDENT**School Year:**

201_

- 201_

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan,
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Kim Turner</i>	1/15/11	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	1/15/11	Teacher	<i>William Bennett</i>	1/15/11
Student:	<i>Number 8 Student</i>	1/15/11	Parent/Guardian:	<i>Number 8 Student Parent</i>	1/15/11

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Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop
 ☐ Internship
 ☐ Mentoring
 X Shadowing

Student Name:	Number 8 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Turner's Auto Repair	Contact Person:	Kim Turner
WBL Starting Date:	2/4/1	WBL Ending Date	2/8/1

4. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
5. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:

• Coop, Internship and Mentoring	1 time per 9 weeks
• Shadowing	No additional requirements
6. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/10/11	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
2/8/12	William Bennett	Student enjoyed the WBL experience and gained knowledge regarding his career objective.

Work-Based Learning Employer Evaluation Report

☐ Coop ☐ Internship ☐ Mentoring ☒ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 8 Student	WBL Start Date:	2/4/1
Company Name:	Turner's Auto Repair Shop	WBL End Date:	2/8/1
Contact Person:	Kim Turner	Telephone:	502-227-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Student was very interested in observing all aspects of the business.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	2/4	2/5	2/6	2/7	2/8						-----
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Earnings:	\$
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Signature of Supervisor:

Kim Turner

Date: 2/8/1



☐ Coop

☐ Internship

☐ Mentoring

☒ Shadowing

Date: 3-01-

Work-Based Learning Agreement/Plan

Student Last Name:	Student	First Name:	Number 9	MI:	
SID Number:	1234582	Date of Birth:	8-23-		
Address:	987 Tabor Lake Road		City:	Frankfort	
Phone Number:	502-564-2882		State:	KY	Zip: 40601

School	Central Area Technology Center				
Address:	500 Mero Street		City:	Frankfort	
Phone Number:	502-564-4286		State:	KY	Zip: 40601

Program Area:	Auto Technology	ILP Career Goal:	Technician		
Teacher Name:	William Bennett				
Coordinator Name:	NA				

Company Name:	Turner's Auto Repair Shop		Phone:	502-227-9752	
Address:	987 Turner Avenue		E-Mail:	turnerrepar.com	
City:	Frankfort	State:	KY	Zip:	40601
Contact:	Kim Turner	Hours Per Week:	1		
Title:	Owner	Start and End Dates:	3/3- - 3/7/		
Work Schedule (Days & Hours):	M-F, 2-3 pm	Hourly Wage: (if applicable)	NA		

According to the WBL type, the student will observe, be trained and/or and complete the following tasks:

1:Observe the estimate process

2:Observe the different technicians

3:Observe dealing with customers

4:Observe the parts area

5:Observe the quality control

Equal Employment and Education Opportunities M/F/D

Work-Based Learning Agreement/Plan**Student:** NUMBER 9 STUDENT**School Year:** 201_ 201_**THE STUDENT AGREES TO:**

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and to be punctual, dependable and loyal.
- Notify the employer and the coordinator as soon as possible if unable to go to work and/or school.
- Keep such records of work experience and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines.
- Conform to the policies and regulations of the employer and the school.
- Maintain a satisfactory performance level on-the-job.
- Abide by the Training Plan Agreement developed by the teacher, coordinator and employer.

THE COORDINATOR, ON BEHALF OF THE SCHOOL, AGREES TO:

- Prepare, with the assistance of the training sponsor, a WBL Agreement/ Plan.
- Revise the Training Plan Agreement as needed to improve the student's work experience.
- Visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision as well as variety of job experiences.
- Recognize that much of the information gathered at the company is confidential.
- Prior to the WBL experience, prepare the student to be successful.

THE PARENT OR GUARDIAN AGREES TO:

- Accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home.
- Support the concepts of work-based learning experiences.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing on-the-job instruction in accordance with the WBL Agreement/Plan.
- Assist the coordinator in evaluating the student's performance on the job by completing the evaluation form when required.
- Provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards.
- Notify the parent and the school immediately in case of accident, sickness or any other serious problems
- Permit and expect the coordinator to visit periodically to discuss the progress of the student and to observe him/her on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age.

If this agreement is for a paid work-based learning placement the employer certified that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 342.630) (or with the appropriate agency if outside of Kentucky.)

Signatures		Date	Signatures		Date
Employer:	<i>Kim Turner</i>	3/01/11	Co-op Coordinator:	NA	
Principal:	<i>Kal Carter</i>	3/01/11	Teacher	<i>William Bennett</i>	03/01/11
Student:	<i>Number 9 Student</i>	3/01/11	Parent/Guardian:	<i>Number 9 Student Parent</i>	03/01/11

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Equal Education and Employment Opportunities M/F/D

Log of Work-Based Learning Employer Contact

☐ Coop
 ☐ Internship
 ☐ Mentoring
 ☒ Shadowing

Student Name:	Number 9 Student	Grade Level	12
School:	Central ATC	Program:	Auto Technology
Company Name:	Turner's Auto Repair	Contact Person:	Kim Turner
WBL Starting Date:	3/3/11	WBL Ending Date	3/7/11

7. Each site should be visited at least one time before the student is placed to ensure the safety and proper training of the student.
8. Each site/student should be visited periodically to check progress, attendance, appropriate work assignments, safety, etc. Additional minimum visitation requirements:
 - Coop, Internship and Mentoring 1 time per 9 weeks
 - Shadowing No additional requirements
9. Please document visitation below.

Date of Visitation	Person Making Visit	Observation
12/10/11	William Bennett	Shop is safe with appropriate inspections. Employer agrees with the training.
3/7/11	William Bennett	Student enjoyed the WBL experience and gained knowledge regarding his career objective. She is interested in being an owner of a dealership.

Work-Based Learning Employer Evaluation Report

☐ Coop ☐ Internship ☐ Mentoring ☒ Shadowing

School:	Central Area Technology Center	Program	Auto Technology
Student Name:	Number 9 Student	WBL Start Date:	3/3/)
Company Name:	Turner's Auto Repair Shop	WBL End Date:	3/7/)
Contact Person:	Kim Turner	Telephone:	502-227-9752

Student Responsibility: Turn in this form to the Teacher/WBL Coordinator at the end of the WBL experience or at least every two weeks of employment.

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Teacher/WBL Coordinator. Thank you.

Evaluation

Scale: 1 – Poor 2 – Needs Improvement 3 – Average 4 – Good 5 – Excellent

Trait	Rating					Trait	Rating				
Attendance/Punctuality	1	2	3	4	5	Cooperation	1	2	3	4	5
Appearance	1	2	3	4	5	Adaptability/Flexibility	1	2	3	4	5
Attitude	1	2	3	4	5	Relations with Co-Workers	1	2	3	4	5
Dependability	1	2	3	4	5	Time Management	1	2	3	4	5
Initiative	1	2	3	4	5	Quality of Work	1	2	3	4	5
Following Directions	1	2	3	4	5	Quantity of Work	1	2	3	4	5

Remarks: Student was very interested in observing all aspects of the business; wants to be more than a technician.

Attendance

Day	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Total Hours
Date	3/3	3/4	3/5	3/6	3/7						-----
Hours Worked	1	1	1	1	1						5

Earnings (If Applicable)

Total Hours:	5	Hourly wage:	NA	=	Total Gross Earnings:	\$
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Signature of Supervisor:

Kim Turner

Date: 3/7/)